

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 22 1933

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

10536

1. PLACE OF DEATH

County Ozark
Township Pontiac
City (No.)

Registration District No. 920
Primary Registration District No. 6279

File No.
Registered No.
St. Ward

2. FULL NAME

(a) Residence, No. St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mollie Herd
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 29 1863
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 69 11 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Little Ozark Co Mo.
(STATE OR COUNTRY)

13. NAME John Herd
14. BIRTHPLACE (CITY OR TOWN) Ozark Co Mo.
(STATE OR COUNTRY)

15. MAIDEN NAME Malinda Forest
16. BIRTHPLACE (CITY OR TOWN) Isabella
(STATE OR COUNTRY) Ozark Co Mo.

17. INFORMANT J. B. Herd
(ADDRESS) Isabella mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Isabella DATE March 22 1933

19. UNDERTAKER John Fast
(ADDRESS) Pontiac mo

20. March 22 1933 Mary F. Johnson
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 21 1933

22. I HEREBY CERTIFY, That-I attended deceased from no medical aid 19 , 19

I last saw h. alive on , 19 Death is said

to have occurred on the date stated above, at 8 a m.

The principal cause of death and related causes of importance were as follows:

33.4 Tuberculosis of lungs Date of onset 3 yrs
88

Other contributory causes of importance:
Bad eyes

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no medical aid

(Signed) J. B. Herd M.D.
(Address) Isabella mo

